

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037286

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 311

Primary Registration District No. 4456

Registrar's No. 11

STATE FILE NUMBER

FILED OCT 14 1963

VS:300
Rev. 4/59

10930

20420

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u>		Length of stay in 1b <u>8da</u>	c. CITY OR TOWN <u>Montrose</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ELLET M. Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Montrose</u>
3. NAME OF DECEASED (Type or print) <u>Harold Clyde Turner</u>		4. DATE OF DEATH <u>Oct 7 - 63</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	8. DATE OF BIRTH <u>11-28-84</u>	9. AGE (last birthday) <u>78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>MT. Vernon South Dakota U.S.A.</u>
13a. FATHER'S NAME <u>Chas. L. Turner</u>		13b. MOTHER'S MAIDEN NAME <u>ETTA M. HOFFERT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		14. NAME OF HUSBAND OR WIFE <u>Nina Turner</u>	
16. SOCIAL SECURITY NO. <u>7822 Nina Turner</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anterior circulation Heart Disease 8da</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Montrose</u>	
20g. COUNTY <u>Henry</u>		20h. STATE <u>Mo.</u>	
21. 1. attended the deceased from <u>Nov 1962</u> to <u>7 Oct 63</u> and last saw him alive on <u>6 Oct 63</u> Death occurred at <u>12:57 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Unfiled Mrs. Appleton City</u>		22b. ADDRESS <u>Montrose Mo.</u>	
22c. DATE SIGNED <u>7 Oct 63</u>		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-9-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Montrose</u>	
24. FUNERAL DIRECTOR <u>Don Eddy Appleton City Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>October 8, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Pauline Davis</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.